



# 2025 BENEFITS

## VISION PLAN

The Vision Plan is administered by EyeMed. To locate a provider near you, visit [eyemedvisioncare.com](http://eyemedvisioncare.com).

This plan is purchased separately from the medical and dental plans.

		MEMBER COST	REIMBURSEMENT
		In-Network	Out-of-Network
Annual Exam		Covered 100%	Covered 100%
Contact Lens Fit			
	Standard	Up to \$40	N/A
	Premium	10% off retail price	N/A
Frames			
		\$150 allowance	Up to \$80
		80% off balance over \$150	
Standard Plastic Lenses			
	Single Vision	\$15	Up to \$70
	Bifocal	\$15	Up to \$80
	Trifocal	\$15	Up to \$90
	Standard Progressive Lens	\$50	Up to \$80
	Premium Progressive Lens	\$50	Up to \$80
		\$120 allowance is combined for standard and contact lenses	
Lens Options			
	Tint (Solic and Gradient)	\$15	N/A
	UV Coating	\$15	N/A
	Standard Scratch-Resistance	\$15	N/A
	Standard Polycarbonate	\$40	N/A
	Standard Polycarbonate <19	Covered 100%	N/A
	Standard Anti-Reflective	\$45	N/A
Contact Lenses			
	Conventional	\$120 allowance 15% off balance over \$120	Up to \$120
	Disposables	\$120 allowance	Up to \$120
		\$120 allowance is combined for standard and contact lenses	
Frequency			
	Exam	Once every calendar year	
	Frames	Once every calendar year	
	Standard Plastic Lenses OR Contact Lenses	Once every calendar year	
Additional Discounts & Secondary Purchase:			
Once you have used all of your vision benefits based on the chart above, you can continue to receive a discount on additional purchases.			

EMP	EMP/SP	EMP/CH	EMP/SP/CH
\$1.13	\$2.14	\$2.25	\$3.31

